CITY OF MAPLE GROVE POLICE DEPARTMENT
INFORMATION DISCLOSURE REQUEST

A.   TO BE COMPLETED BY REQUESTOR

The following information is required to determine if the requested information is public or not public. If determined to be not public, additional information may be requested.

DESCRIPTION OF INFORMATION BEING REQUESTED: (TYPE OF INCIDENT, DATE, TIME, LOCATION, PEOPLE INVOLVED, ETC. IF KNOWN)	DATE REQUESTED:

You are being asked to supply the following information that may be private or confidential information about yourself. Such information will be used by this department and other departments whose job reasonably requires access to the data to determine if you have the right to access the requested data and contact information when the requested data is available. Refusal to supply said information may result in a delay of the availability of the requested data. If you refuse to supply said information, then it is your responsibility to contact the necessary department to determine the status of the request.

REQUESTER NAME (Last, First, Middle)	
STREET ADDRESS	DATE OF BIRTH
CITY, STATE, ZIP CODE:	PHONE NUMBER

B.   TO BE COMPLETED BY POLICE DEPARTMENT STAFF

ICR STATUS:

Cleared by Arrest	Tag Issued	Open/Active
Open/Inactive	Refer other Agency	Exceptionally Cleared

LRMS DISPOSITION _____   MNCIS STATUS_____

   JUVENILE   ADULT

REQUEST PROCESSED BY _____DATE_____

REQUEST REVIEWED BY _____DATE_____

REVIEWED BY INVESTIGATOR _____

CASE # _____   CASE # _____

CASE # _____   CASE # _____

CASE # _____   CASE # _____

REQUEST TAKEN BY:

NOTES/SPECIAL ATTENTION:

INFORMATION CLASSIFIED AS:	ACTION:
PUBLIC NON-PUBLIC PRIVATE PROTECTED NON-PUBLIC CONFIDENTIAL	APPROVED APPROVED IN PART (EXPLAIN) DENIED (EXPLAIN BELOW)

REMARKS OR BASIS FOR DENIAL INCLUDING STATUTE SECTION:

PHOTOCOPYING CHARGES:

_____ (# of Pages) x _____ (copy charge per page) = _____ (total cost) by _____ (initials)

Authorized Release Signature/Title:	Date:
Requestor Signature**: ID REQUIRED FOR PRIVATE INFORMATION (If circled/highlighted)**	Date: